
Guest editorial

Reply to Farsides's editorial: palliative care - a euthanasia-free zone

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Dr Farsides entitles her editorial *Palliative care - a euthanasia-free zone*.¹ This is a misleading title in view of the fact that the whole of medicine and nursing in the United Kingdom and most of the rest of the world are currently euthanasia-free zones, for not only is it currently illegal in those areas, but also the professional organisations (for example the British Medical Association and the Royal College of Nursing) are universally opposed to the legalisation of euthanasia. Nevertheless, let us look at what she has to say about palliative care in particular. Her first thesis is that practitioners working in specialist palliative care in the United Kingdom uniformly believe that "euthanasia is morally wrong and ought not to be legally acceptable". She then wonders whether the appearance of uniformity is an illusion.

Her first thesis really contains two different points: firstly that palliative care practitioners believe that "euthanasia is morally wrong", and secondly that "it ought not to be legally acceptable". I do not think we have sufficient evidence to state that there is uniformity about the first view. Professional bodies such as the Association for Palliative Medicine and the National Council for Hospice and Specialist Palliative Care Services (NCHSPCS) have not made any statement that "euthanasia is morally wrong" on behalf of their members. Many palliative care specialists (and other health care professionals) may well consider euthanasia to be morally wrong but without public statements about moral wrongness we cannot infer this view on their behalf.

On the other hand we know more about the second view - that euthanasia ought not to be legalised - since most debate centres round this important question of public policy. Here there is evidence that the appearance of uniformity among this group in terms of opposition to the legalisation of euthanasia is not an illusion. In 1993 palliative care practitioners were asked to send in views regarding this issue to the House of Lords Select Committee on Medical Ethics, and all who

wrote in opposed legalisation of euthanasia. In 1997 the Association for Palliative Medicine asked members to comment if they did not agree with a circulated statement (prepared with the assistance of Dr Farsides) which opposed the legalisation of euthanasia, and to give justifications for their views. Only five out of 584 members said they could not endorse the statement, which was subsequently published by the NCHSPCS, which is a representative body.

Dr Farsides seeks an explanation for the uniformity of both views, but since I am not convinced about the uniformity of the first view I will not discuss it further. In searching for an explanation for practitioners' opposition to the legalisation of euthanasia she suggests the following reason, "that the goals and principles of palliative care might be considered as logically incompatible with euthanasia". She is not persuaded by this argument, which she criticises as follows. As she sees it: "The goal of palliative care is to maintain for as long as possible a *quality of life*", [her italics]. She considers that the willingness of palliative care practitioners to withdraw or withhold life-prolonging treatment "implicitly acknowledges a threshold-type argument relating to quality-of-life considerations, such that below a certain quality a life (rather than the person) loses its value to the extent that it need not be saved, supported or prolonged (assuming that this is the wish of the patient and/or family)". She then argues that if this is the case then perhaps patients who have a quality of life below the threshold "should have the right to request that their life be ended", by which I presume she means a right to expect that the palliative care physicians will end their lives, which must entail the corresponding duty on those physicians.

Her criticisms here involve two assumptions. Firstly, she assumes that the World Health Organisation (WHO) account of the goal of palliative care - "the achievement of the best quality of life for patients and families" - involves a "threshold-

type" view of "quality of life". But the WHO statement of the goal of palliative care emphatically does not involve anything so specific as a "threshold-type" interpretation of "quality of life". In common with similar bland mission statements it is simply expressing the idea that one works to minimise suffering and maximise the good things of the patient's life. In paraphrasing the WHO definition Dr Farsides has altered its meaning so as to support her assumptions.

Families

Her second assumption is that living a life which the patient deemed to be below a certain quality would confer on the patient the right to expect that the doctor should end his or her life, and thus confer on the doctor the duty to end his or her life. It should be noted that the WHO goal of palliative care includes (rightly or wrongly) the idea that the best quality of life of families is also involved. Dr Farsides states that below a certain quality the patient's life "need not be saved, supported or prolonged (assuming that this is the wish of the patient *and/or family*)", [my italics]. Would Dr Farsides wish to suggest that non-voluntary or involuntary euthanasia be practised on patients whose families consider their quality of life to have fallen below the threshold? Indeed, perhaps she is also suggesting that if the quality of life of the family drops below the threshold euthanasia should be practised on them too! These sinister possibilities illustrate the consequences of assuming that patients (or perhaps families) whose quality of life falls below a certain threshold should receive euthanasia.

She asserts that to deny euthanasia to patients whose quality of life is below the threshold one must argue either that euthanasia is intrinsically morally wrong or that "the effects of permitting euthanasia are such that it cannot legally be permitted whatever its moral status". I agree with her that it is this latter argument which palliative care practitioners and their professional associations have put forward and to which they adhere publicly and privately.

Unfortunately she states that such practitioners have "the accompanying tendency to present palliative care as the alternative to euthanasia thus precluding the need to discuss euthanasia, an extravagant claim which cannot be supported in all cases". Whilst individual practitioners may occasionally make such an extravagant claim, this is not the view asserted by professional bodies or discerning individuals. The NCHSPCS in its 1997 statement on voluntary euthanasia (with which Dr Farsides is familiar) states that "the universal availability of excellent palliative care

services will not and can never eliminate all such rational and persistent requests for euthanasia".

Dr Farsides also asserts that it is most unfortunate that the debate over euthanasia should have become linked in people's minds with palliative care. She does not present any evidence for this empirical thesis. Certainly, public debate on the issue involves many branches of medicine, and in formulating its view that euthanasia should not be legalised the British Medical Association has always looked at a wide spectrum of medical (and public) opinion. It seems that very few health care professionals from any specialty wish to come forward and publicly express a pro-euthanasia view, so lack of public support for euthanasia is not confined to palliative care practitioners. Currently a working party of the Royal Colleges of Physicians and General Practitioners is examining once again the issues in euthanasia. The membership of the working party is broad, but it would not be unreasonable for palliative care practitioners to express their views since their professional duties are concerned with the care of the dying.

Dr Farsides's second thesis - that patients who want euthanasia feel marginalised by palliative care practitioners, and so feel that "there is always a choice to be made between effective palliative care and euthanasia" - is also empirical in nature. It is not easy to see how this thesis could be supported with empirical evidence. Moreover, euthanasia is illegal in the UK regardless of who is looking after you and so it is not a choice. On the other hand nobody is suggesting that the majority of patients receiving palliative care want euthanasia for themselves, so they are likely to be reassured if they know their professional carers are opposed to its legalisation.

Common experience

It seems reasonable when seeking an explanation for palliative care practitioners' opposition to the legalisation of euthanasia to look first at what they all have in common - their close and constant clinical involvement with dying people. Surely it is this common experience which is the most likely cause of their apparently uniform view. Perhaps we should accept their own explanation of their view, rather than a philosopher's hypothesis about "what they really mean". Their views are summarised in the 1997 statement on euthanasia produced by the NCHSPCS. An extract states that:

"the law should reflect the respective moral weights given to the claims of the person who wishes to die on the one hand and the wider interests of society on the other. Council believes that

to legalise euthanasia will risk undermining the freedoms of the majority of society in an attempt to promote the autonomy of the small minority of patients who might retain an interest in ending their lives in this way. This risk to society arises from the potential for abuse of legalised euthanasia by, for example, increasing the pressure (real or imagined) that legalised euthanasia might place on vulnerable people and by the denial of value of elderly, chronically infirm, and dependent people... . The arguments advanced indicate that

respect for individual autonomy cannot be an absolute value".

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References

- 1 Farsides B. Palliative care - a euthanasia-free zone? *Journal of Medical Ethics* 1998;24:149-50.

News and notes

Psychology and Law International Conference

An international conference entitled Psychology and Law is to be held from the 6th to the 9th of July 1999 in Dublin, Ireland. This will be the first joint annual conference of the American Psychology-Law Society and the European Association of Psychology and Law.

Seven one-day "master" courses will precede the main conference.

These will cover: Assessment and treatment of anger; Interviewing children: techniques for improving the accuracy and completeness of children's reports; What works with crime? Cognitive-behavioural programmes

in criminal justice settings; Risk analysis, assessment and management: implications of the latest research; Investigative psychology: informing criminal investigations; Assessing credibility, and Advances in assessing capacities for legal competencies.

Delegates may attend the one-day courses without registering for the main conference.

For further information please contact: Jill Elliott, Conference Administrator, Faculty of Law, University of Southampton. Tel: +44 (0)1703 592376; FAX: +44 (0)1703 593885; email: jill.elliott@soton.ac.uk

News and notes

Ethics and Science - the Social, Juridical and Philosophical Debate

The University of Tübingen's Centre for Ethics in the Sciences and Humanities is organising a conference, Ethics and Science - the Social, Juridical and Philosophical Debate, at the Eberhard-Karls University of Tübingen from June 10th - 11th 1999.

The conference aims to explore and debate the philosophical, cultural and legal aspects of the relationships between ethics, science and society in Europe. Special, but not exclusive, attention will be given to subjects

related to life sciences and technologies, as well as to information and communication technologies.

For further information please contact: The Centre for Ethics in the Science and Humanities, Keplerstr 17, D-72074 Tübingen, Germany. Tel: +49 (0)7071 - 297 7516; fax: +49 (0)7071 - 29 5255; email: eu-congress@uni-tuebingen.de

The detailed programme can be found on the internet: www.uni-tuebingen.de/zew/eu-congress